



BIRTH CERTIFICATES

MAIN OFFICE
KCMO Health Department
Vital Records
2400 Troost Avenue
Kansas City, MO 64108
816-513-6309



MISSOURI STATE CERTIFIED BIRTH CERTIFICATES

A state certified copy is available for any births occurring in the State of Missouri from 1929. This computer-generated certificate is acceptable for all purposes and will be available for newborns within approximately 30 days from birth.

STATE CERTIFIED COPY \$15 EACH (Missouri births after 1929) How many? _____

*****Applicants must show valid identification when requesting certified copies of vital record. Missouri law requires a non-refundable search fee for each five-year search.**

*DRIVERS LICENSE (or other picture ID)# _____

THIS AREA IS FOR OFFICE USE ONLY:

DATE: _____ FEE: \$ _____ SERVED BY: _____

*If MOTHER was NOT MARRIED AT THE TIME OF BIRTH TO the natural FATHER; AND, the FATHER DID NOT SIGN AN AFFIDAVIT TO ADD HIS NAME TO THE CHILD'S BIRTH CERTIFICATE =(MEANS?) = the FATHERS NAME does NOT APPEAR ON THIS RECORD, AND; THE RECORD IS ONLY AVAILABLE TO THE MOTHER! (ONLY EXCEPTION=CERTIFIED LEGAL GUARDIANSHIP PAPERS PRESENTED WITH THIS APPLICATION)

INFORMATION ON PERSON WHOSE CERTIFICATE IS BEING REQUESTED

1. FULL NAME: FIRST				MIDDLE		LAST (MAIDEN)	
2. BIRTHDATE: MONTH DAY YEAR		3. HOSPITAL/COUNTY		4. SEX		5. CITY	
6. FATHER'S NAME: FIRST		MIDDLE INITIAL		LAST			
7. MOTHERS NAME: FIRST		MIDDLE INITIAL		<u>MAIDEN</u>			

Applicant Name: _____ Purpose for obtaining Birth Certificate: _____

Your relationship to Birth Certificate person: For Self: _____ Other?: _____

Current Address: _____
(Street) (City) (State) (Zip) (Daytime phone #)

I _____, SUBJECT TO THE PENALTY OF PERJURY, DO SOLUMNLY DECLARE THAT I AM ELIGIBLE TO RECEIVE A CERTIFIED COPY OF THE VITAL RECORD(S) REQUESTED ABOVE AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

******FOR MAIL ORDERS, PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE.******